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Substitute for form 1449B/PTO SECOND SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)				Complete If Known	
				<i>Application Number</i>	10/550,580
				<i>Filing Date</i>	September 23, 2005
				<i>First Named Inventor</i>	BACHMANN. M.
				<i>Art Unit</i>	1648
				<i>Examiner Name</i>	Kinsey White, Nicole Erin
				<i>Attorney Docket Number</i>	1700.0610001/BJD
Sheet	1	of	1		

[illegible]

Examiner Signature	/Nicole Kinsey/	Date Considered	01/14/2010
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with M PEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached.

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ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /NK/